Course Change Request

Indiana University

IUPUI Campus

Check Appropriate Boxes: Undergraduate credit ☑️ Graduate credit ☐ Professional credit ☐

1. School/Division: IUPUI Honors College
2. Academic Subject Code: HON-H
3. Current Course Number: HON 111
4. Current Credit Hours: 3
5. Current Title: Honors First Year Seminar II
6. Effective Semester/Year for changes listed below: Fall 2010
7. Instructor:

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to: ____________________________ (must be cleared with University Enrollment Services)
   Change to:
   Recommended abbreviation (optional) ____________________________ (Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: __________ or variable from: __________ to __________
     Change to credit hours fixed at: __________ or variable from: __________ to __________

☐ 11. Current lecture contact hours fixed at: __________ or variable from: __________ to __________
     Change to lecture contact hours fixed at: __________ or variable from: __________ to __________

☐ 12. Current non-lecture contact hours fixed at: __________ or variable from: __________ to __________
     Change to non-lecture contact hours fixed at: __________ or variable from: __________ to __________

☐ 13. Is this course currently graded with S-F (only) grades? Yes ☐ No ☐

☐ 14. Does this course presently have variable title approval? Yes ☐ No ☐
     Is variable title approval being requested? Yes ☐ No ☐

☑ 15. Is this course being discontinued? For all campuses ☐ or for this campus only ☑ YES

☐ 16. Current course description ____________________________

Change course description to (not to exceed 50 words)

______________________________

17. Justification for change ____________________________
   (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? ____________________________

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be
    overlap of this course with existing courses or areas of strong concern, with instructions that they send comments
    directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus
    consulted.

Submitted by: ____________________________ Date ____________
Department Chairman/Division Director

Date ____________
Dean of Graduate School (when required)

Date ____________
Chancellor/Vice-President

Date ____________
University Enrollment Services

Approved by: ____________________________ Date 02.27.10
Dean

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UPS 725
University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow;
Department/Division—Pink; University Enrollment Services Advance—White